

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	1W		07-16-71
O.I.P.E. CLASSIFIER	20		7/2
FORMALITY REVIEW	MM	920	08-24-71
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral).... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Date
Final	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here